APPLICATION FOR BUILDING PERMIT

FOR APPLICANT TO FILL IN	BUILDING 1043 W-211th Atroot
BUILDING ADDRESS 1043 W. 210 STREET	LOCALITY Co-Isrsance
CITY TORRANCE ZIP 9050Z	NEAREST CROSS ST. ROLLAR
SIZE OF LOT 52 × NO. OF BLDGS. NOW ON LOT	ASSESSOR MAP BOOK 7348 PAGE 8 PARGEL //6
TRACT 18261 BLOCK LOT NO. 124	DISTRICT GROUP TYPE FIRE PROCESSED BY
OWNER ROLF COLLIER NO.3289006	STATISTICAL CLASSIFICATION SEWER MAP
ADDRESS 1043 W. 210Th STREET	CLASS NO DWELL UNITS / BK 7 76
CITY 10RRANCE ZIP 9050Z	USE ZONE MAP 4209
ARCHITECT OR E. L. BOUITZ TEL. 83/2304	R/ SPECIAL CONDITIONS
ADDRESS 555 W. 9th STREET	ROAD DEPARTMENT APPROVAL REQUIRED YES NO NO
CONTRACTOR OWNER NO.	BLDG. SETBACK FROM FRONT PROP. LINE OF(STREET)
ADDRESS NO.	HIGHWAY + YARD = TOTAL SETBACK FROM TYPE OF EXISTING FRONT PROP. LINE HIGHWAY WIDTH
CITY CLASS CONSTRUCTION LENDER	+ = and 75 - 2014
NAME AND BRANCH	BLDG. SETBACK FROM SIDE PROP. LINE OF (STREET)
SQ. FT 730 NO. OF SIZE FAMILIES ONE	HIGHWAY + YARD = TOTAL SETBACK FROM TYPE OF EXISTING SIDE PROP. LINE HIGHWAY WIDTH
DESCRIPTION OF WORK CONCROTAL NEW	+ / = / / = / / / / / / / / / / / / / /
block garage & ADD	CORNER CUTOFF YES NO
work assa, bath REPAIR	IN OPEN SPACE YES NO NO
USE OF EXISTING BLDG.	IN COASTAL PERMIT ZONE YES NO NO
APPLICANT TEL (PRINT) NO.	OK AS WORK AREA ATTACHED TO GARAGE
BY (SIGNATURE)	CANNOT BE USED FURLIVING AREA
, I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE	Ent Company -11-18-78
THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF	
THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COM- PENSATION INSURANCE.	
SIGNATURE OF COLD COLD	FINAL 31/79 BY China
ADDRESS 1043 W 21004 Street	DATE 5 2 1
CITY (098 Cancle No. 32 84006	P.C. Fee \$ 19.20 Permit Fee 54.00
-700	UE 24.00 Issuance Fee 7.00
auct '	43.20 Total Fee 61.00
PLAN CHECK VALIDATION CASH	PERMIT VALIDATION M.O. CASH
391FOCT 14A23 19.20 -	916° JAN 17 A 0 1 / 61.00 °
915 € JAN 17 A 2 3 24.00 №	61.004

	PLANS TO	JAPPL	ICANT			INSPECTOR'S NOTES		
TO: RETURNED				D	LONGOVED			
NO			NO. DATE		APPROVED	LESS SMITH STREET		
						THE STATE OF THE S		
					- X	WORKER'S COMPENSATION CERTIFICATION		
						certify that I will be responsible for the work to be done under this		
	APPROVALS	REQUIRED DATE RECEIVED YES NO OR APPROVED				permit and that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.		
·	VATER CERTIFICATE					I further certify that if during the course of construction under this permit I should become subject to Worker's Compensation requirements.		
			1			I will file the required certificate of insurance and realize that failure to do so will necessitate assponsion of the parmit. I have received an		
	EALTH DEPARTMENT			565		explanation of the limits and conditions of this certificate and have read and fully understand them		
F	RE DEPARTMENT				<u> </u>	Signature Manika Collect Title Revuer 1-18-78		
0	RADING					Title Clevrier		
(SEOLOGICAL					Date 1-18-78		
	EDESTRIAN PROTECTION FENCEI (CANOPY)					Date		
-	PECIÁL INSPECTION CONC.) (MÁSNRY.) (WELDG.)		,54,		* 10 16/8	5-12-78 km/4/lft k		
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	APPROVALS	DATE		NSPECTO	R'S SIGNATURE	Bung		
	LOCATION- ISETBACK & YARDS)	110	5/	0.0.4	1	- Same and the sam		
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	HOUSE NUMBER- CORREGE & POSTED	1			1			
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FINAL- ENTER ON FRONT		1600						
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APPLICATION FOR ELECTRICAL PERMIT

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BUILDING AND SAFETY DIVISION

FOR APPLICANT TO	FILLIN				JOB COLOR CLASS CONTRACTOR	
New Residential Bldgs. & Pools	EACH	NO.	FE	E	ADDRESS 1043 W210 STREET	
1 & 2 Fmaily Sq. Ft	\$	-	\$		LOCALITY TORRANCE	
Multi-family Sq. Ft.		-			NEAREST TORRANCE BLV	
Residential Swimming Pools					OMNEROR	
Outlate: Light Switch & Basentasia					MAIL MAIL	
Outlets: Light, Switch & Receptacle First 20					ADDRESS 1043 W 210 STREET	
Additional	.50	10	-	00	CITY TORRANCETEI, No. 328-4006	
					PLAN CHECK	
Lighting Fixtures					APPLICANT	
First 20	(0		-	9	ADDRESS	
Additional	19	4	4	200	CITY Tel. No.	
Fixed Application Net Over 1 LIB					PERMIT	
Fixed Appliances Not Over 1 HP Range Heater D.W					APPLICANT	
Oven Dryer W.M					ADDRESS	
Top FAU W.H					CITY Tel. No.	
Hood Fan					LICENSE OR REG. NUMBER Class	70
Disp A.C	-				REG. NUMBER Class.	COPY
					I HEREBY ACKNOWLEDGE THAT I HAVE BEAD THIS ADDITIONAL	
Power Apparatus & Large Appliances Size & Type HP, KW, KVA, or KVAR					WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.	NSPECTOR
Up to 1 Incl.						SPE
Over 1 to 10 Incl.						N
Over 10 to 50 Incl.					CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.	
Over 50 to 100 Incl.					PERMITEE MARIE POR COOPERA	
Over 100					SIGNATURE PUBLIC & COLUMN	
Complete					DISTRICT NO. PROCESSED BY	
Services 0 - 200 Amp. Under 600 V					12 DG-	
201 - 1000 Amp. Under 600 V					APPROVALS DATE INSPECTOR'S SIGNATURE	
Over 1000 Amp. or Over 600 V					TEMP. POWER POLE	
Temp. Power Pole & Appurtenances					UNDERSLAB WORK / /	
Sign with One Branch Circuit					ROUGH CONDUIT 9/1/18 Blue	
Additional Sign Branch Circuits (Other)					WIRING	
(Other)						
					FIXTURES	
					POWER AUTHORIZED	
PERMIT FEE (Sub-Total)				UTILITY CO. NOTIFIED		
PLAN CHECKING FEE (One-Fourth Permit Fee)				FINAL 5/31/29 Shrief		
TETRINI TOO TITLE				NOTES		
TOTAL FEE			14	. 00		
PLAN CHECK VALIDATION	CK.	V.O.	CAS	Н	PERMIT VALIDATION CK. M.O. CASH	
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INSPECTOR COPY

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APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT	TO FILL IN				JOB ADDRESS 1043 W	210 870 = - 7
New Residential Bldgs. & Pools	EACH	NO.	FE	E		210 STREET
1 & 2-Family, Sq. Ft	\$/		\$			ANCE
Multi-family Sq. Ft,		_			NEAREST NORMAN	20 12
Residential Swimming Pools					OWNER OR O	DUER
Outlets: RecLightSw					MAII	
First 20						O STREE!
Total No Additional			761 OF 25		CITY TORRANCE	Tel. No. 328-4000
					PLAN CHECK APPLICANT	
Lighting Fixtures First 20					ADDRESS	TOS.
Total No Additional					CITY	Tel. No.
Fixed Appliances Not Over 1 HP					PERMIT	Tel, No.
Range Heater D.W.					APPLICANT	A CONTRACTOR OF THE SECOND
Oven Dryer W.M			4		ADDRESS	Andrew Lands Land
TopFAU W.H					CITY	Tel. No.
Hood Fan Other					LICENSE OR	Cl
Disp Room Air Cond					REG. NUMBER	Class. HAT I HAVE READ THIS APPLICA-
Power Apparatus & Large Appliances					TION AND STATE THAT THE ABO COMPLY WITH ALL COUNTY OF	VE IS CORRECT AND AGREE TO
Size & Type HP, KW, KVA, or KVAR					REGULATING ELECTRICAL WIRING.	KDINANCES AND STATE LAWS
Up to 1 Incl.					I HEREBY CERTIFY THAT I AN	PROPERLY REGISTERED AND/OR
Over 1 to 10 Incl.					LICENSED AS REQUIRED BY LOS AI CALIFORNIA OR THAT I AM THE	LEGAL OWNER OF THE ABOVE
Over 50 to 100 Inc.					DESCRIBED RESIDENTIAL PROPERTY	Dm-
Over 100					PERMITEE MELLERO	e Colleer
Services					DISTRICT NO.	PROCESSED BY
0 - 200 Amp. Under 600 V	1		10	, 50	12.00	TT
201-1000 Amp. Under 600 V	华				1000	12.
Over 1000 Amp. or Over 600 V					No	
Temp. Power Pole & Appurtenances					INSPECTION INFORMATION ON REVERSE	
Sign with One Branch Circuit					l l l	
Additional Sign Branch Circuits					INSPECTION \$	
Misc. Conduits & Conductors					INFORMATION &	
Other (See Complete Fee Schedule)					ON REVERSE 불	2/50/4
					SIDE	≥6784A
(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c					4	# • • • • 2
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PERMIT FEE	(Sub-Tot	al)		00	7	100120
PLAN CHECKING FEE (One-Fou	rth Permit Fe	e)			LIO	· • • 19.50 ⊭
PERMIT ISSUING FEE			19	50	VALIDATION	0502-79
			1		ALI	0.02 7.7
TOTAL FEE						
INSPECTION FINALED	1	1			PERMIT	
date: 43//25 By /	Sem	1			۵	(Ps

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	UTILITY CO. NOTIFI	IED 6/1/5	og Blint	
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			Of the permit, I mave received an	to do so will necessitate suspension explanation of the limits and condition
			Course of construction under this Andrewents, f locurance and realize that failure	Turther certify that if during the permit I should become subject to I will file the required certificate o
			ISWS OF CAMOURA.	subject to the Worker's Compensation
a.CM 1884	A SHERON WERESTS		the work to be done under this to the work for which this permit and the memory as as to become	eldisnoqses ed Iliw I staty the lessonance of the performance of the p
				MOBKEB'S COMPENSA

DATE

APPROVALS

TEMP. POWER POLE

UNDERSLAB WORK
ROUGH CONDUIT

WIRING

FIXTURES

INSPECTOR'S SIGNATURE

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APPLICATION FOR PLUMBING PERMIT

BUILDING AND SAFETY DIVISION

NOMINGE WATER CLOSET BATH TUB NEAREST NOWNER	FOR APPLICANT TO FILL IN (PRINT OR TYPE)				BUILDING ADDRESS 1043 W. 210TH ST.	
BATH TUB SHOWER LAVATORY SINK CITY SAME TEL. NO. DISHWASHER CLOTHES WASHER CLOTHES WASHER SWIMMING POOL RECEPTOR LAWN SPRINKLER SYSTEM LAWN SPRINKLER SYSTEM WATER HEATER GAS SYSTEM. OUTLETS OUTL	NUMBER	FIXTURE OR ITEM	@		EE	
SHOWER LAVATORY SINK DISHWASHER CLOTHES WASHER CLOTHES WA		WATER CLOSET		3	-	
SINK DISHWASHER CLOTHES WASHER CLOTHES WASHER CLOTHES WASHER SWIMMING POOL RECEPTOR LAWN SPRINKLER SYSTEM WATER HEATER OUTLETS OUTLETS OUTLETS OUTLETS OUTLETS PER SYSTEM DISTRICT NO. GROUP TOTAL FEE PLUMBING PERMIT ISSUING FEE \$ TOTAL FEE Plan check fee PLUMBING PERMIT ISSUING FEE \$ TOTAL FEE Plan check applicant Name Address City Tel. No. Lebersy acknowledge that I have read this application and state that the above is connect and agree to comply with all country orbinances that the above is connect and agree to comply with all country orbinances in the first or calupprish and by the state of the property. I weekery acknowledge that I have read this application and state the above received meaning and the plumbing. I weekery acknowledge that I have read this application and state the above received meaning and the plumbing of the plumbing. I weekery acknowledge to complety with all country orbinances in the plumbing of the plumbing of the plumbing of the plumbing. I weekery acknowledge that I have read this application and state that the above received meaning and the plumbing of the p		BATH TUB				
SINK SINK CITY SAME CITY CONTRACTOR BARCLAY PLBG. ADDRESS ADDRESS CITY ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS CITY ADDRESS CITY REPORT AVE CITY REPORT AV	1	SHOWER .			-	ROLF COLLER
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OF PERMITTEE FINAL 5/31/9 SUNY			Des	1	ab la la	
	OF PERM	AITTEE (A)				FINAL 5/31/19 Blins

PLAN CHECK VALIDATION

CK. M.O. CASH

PERMIT VALIDATION



CASH

7738JUN 14A05

25.00 %

76A 642D - CE808 - 9/73 APPLICATION FOR PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

SEWER-SEWAGE DISPOSAL

DEPARTMENT OF COUNTY ENGINEER BUILDING AND SAFETY DIVISION	BUILDING 1043 W. 210 57		
	On TARR		
FOR APPLICANT TO FILL IN	LOCALITY CO , TOPE NEAREST CROSS ST.		
LEGAL 17 FILL IN			
DESCRIPTION LOT NO. 124	OWNER COLLICE		
BLOCK TRACT /826/	MAIL ADDRESS		
NO. OF BLDGS. SIZE OF LOT NOW ON LOT	CITY TEL. NO.		
USE OF BUILDINGS	DISTRICT NO. GROUP BK PS PROCESSED BY		
CONTRACTOR Albert Soutee	12 J D 78 Clements		
ADDRESS 229E Gage AUC	CONNECTION DATA		
CITY LA 9000) TEL. NO. 753-0863	STATION 2 + 71.0 DEPTH 6		
STATE LICENSE NO. 1987/3 CLASS (-42	MANHOLE REFERENCE: 59' W/A LOWER		
NO. DESCRIPTION OF WORK FEE HOUSE SEWER CONNECTING TO	TYPE OF CONNECTION LENGTH FROM 30		
PUBLIC SEWER @ \$7.00	P.C. NO. 2202		
PITS AND/OR DRAINFIELD @ \$10.00 HOUSE SEWER CONNECTING TO	CO. IMP. NO. JOB NO. 239		
PRIVATE DISPOSAL SYSTEM @ \$3.00	TRUNK PERMIT NO. ROAD PERMIT NO.		
WORK TO HOUSE SEWER @ \$3.00	AFFIDAVIT WAIVER EASEMENT RECORD, INSTR. NO. DATE		
OVERFLOW SEEPAGE PIT. DRAINFIELD EXTNCESSPOOL.DRYWELL. @ \$5.00	HWY. OR ST. WIDENING		
ALTER. REPAIR OR ABANDON HOUSE SEWER OR DISPOSAL SYSTEM \$3.00	STATE ENCROACHMENT		
MANHOLE @ \$7.00	PERMIT NO.		
	WASTE APPROVAL CHARGES		
OWNER'S PERMIT \$ 7 060	CONNECTION CHARGE FEE		
AUTHORIZATION TOTAL FEE 1400			
I HAVE AT THIS DATE A CONTRACT WITH THE HEREIN NAMED CONTRACTOR TO CONNECT THE ABOVE DESCRIBED EXISTING DWELLING	REIMBURSEMENT FEE		
TO THE PUBLIC SEWER. SIGNED THIS DAY OF 19	APPROVALS DATE INSPECTOR'S SIGNATURE		
OWNER OR OWNERS AGENT	NEW HOUSE SEWER		
	CONNECT ADDITIONAL 8/3/78 BUNNEY		
ADDRESS I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY	SEPTIC TANK, SEEP, PIT (S) AND/OR DRAINFIELD		
WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING AND SEWERS.	CESSPOOL DRYWELL D		
I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGLES COUNTY AND STATE OF	ALTER, REPAIR, SEWER OR SEWAGE DISPOSAL SYSTEM		
CALIFORNIA OR THAT AN THE LEGAL OWNER OF, AND INTEND TO RESIDE IN. THE ABOVE PESTIBED RESIDENTIAL PROPERTY.	DISCONNECT PLUG AND ABANDON HOUSE SEWER		
SIGNATURE SIGNATURE STATE	BACKFILL SEPTIC TANKS SEEP, PIT (S) CESSPOOLS		
VALIDA			

469%JUL 27A10 14.00 °

REQUIRED INFORMATION

- 1. INDICATE ALL BUILDINGS ON PROPERTY.
- 2. INDICATE AND PIMENSION SEWAGE DIS-POSAL SYSTEM WITH TIE DISTANCES TO BUILDINGS AND PROPERTY LINES.
- 3. INDICATE SIZE OF SEPTIC TANK-DEPTH
 3. INDICATE SIZE OF SEPTIC TANK-DEPTH
- 4. INDICATE NORTH DIRECTION ON PLOT.
- 5. INDICATE BOTH STREETS IF CORNER.

ELELD NOTES

ST. ALLEY R/W